

10/067020

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

- () Declaration submitted with initial filing or
(X) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PG4733

First Names Inventor:
BIGGADIKE, Keith

Complete if known:
App No.:
10/067,020

Filing Date
04 February 2002

Group Art Unit:

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FORMULATION CONTAINING ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 4 February 2002 as United States application Serial No. 10/067,020 or PCT International

Application Number _____ filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0019172.6	GB	08/05/2000	X
2. PCT/GB01/03495	PCT	08/03/2001	X
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

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Continued

I hereby claim the benefit under 35 U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
09/958,050	10/02/2001		X	
PCT/GB01/03495	08/03/2001		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)



Send Correspondence to:

23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

James P. Rick
919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BIGGADIKE	FIRST GIVEN NAME Keith	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature K. Biggadike		Date 9 April 2002
	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME SAYANI	FIRST GIVEN NAME Amya	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY Mississauga	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP KE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME BUXTON	FIRST GIVEN NAME Ian	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY Mississauga	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME REED	FIRST GIVEN NAME Kenton	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY Mississauga	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY NC 27709, US

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PCT/GB01/03495	PCT	08/03/2001	X

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
09/958,050	10/02/2001		X	
PCT/GB01/03495	08/03/2001		X	

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James P. Rick
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BIGGADIKE	Keith	
0	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		SAYANI	Amya	Pyarali
0	INVENTOR'S SIGNATURE	Signature		Date
		<i>Amya Sayani</i>		08 APR 2002
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Mississauga	CA	KE
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BUXTON	Ian	Richard
0	INVENTOR'S SIGNATURE	Signature		Date
		<i>Ian R Buxton</i>		08 April 2002
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Mississauga	CA	GB
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		REED	Kenton	Lewis
0	INVENTOR'S SIGNATURE	Signature		Date
		<i>Kenton Reed</i>		08 - April - 2002
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Mississauga	CA	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US